



PATIENT

Izzy Scaglia

SPECIES

Canine

BREED

Bull Terrier

SEX

Spayed Female

AGE

8 Years

WEIGHT

44 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Griffin

HOSPITAL NAME

Northside VC

REFERRING VET

Dr. Griffin

INVOICE

36196

DATE

3/15/22

PRESENTING CLINICAL SIGNS

Vomiting blood, bloody diarrhea and lethargic
Abnormal PE/Chem/CBC/UA Results: CBC: WBC 20.6%, Neut 17.7, EOS 0.03 CHEM: AMYL >2500, Lipase 5327 UA: WBC>50, CBC >50, Bacteria cocci present

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 6.0 cm. The right kidney measured 6.0 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 1.2 cm at the cranial pole and 0.80 cm at the caudal pole. The left adrenal gland measured 0.80 cm.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** revealed slight increased portal markings. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

Some retention of ingesta was noted in the **stomach**. The pylorus was patent and free of evident pathology. Minor distal small intestinal thickening noted with hypertrophied muscularis. No loss of mural detail. No evidence of foreign matter.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain



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upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

SPECIES

Canine

- Minor intestinal thickening
- Bladder debris
- Mild chronic inflammatory hepatopathy liver pattern

BREED

Bull Terrier

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

3-5 week treatment for UTI indicated, given the patient history. If the patient was NPO at the time of the sonogram, then soft foreign matter is possible. However, the echotexture is that of ingesta. Prandial timing compared with the sonographic results would be recommended. GI protectant protocol indicated.

SEX

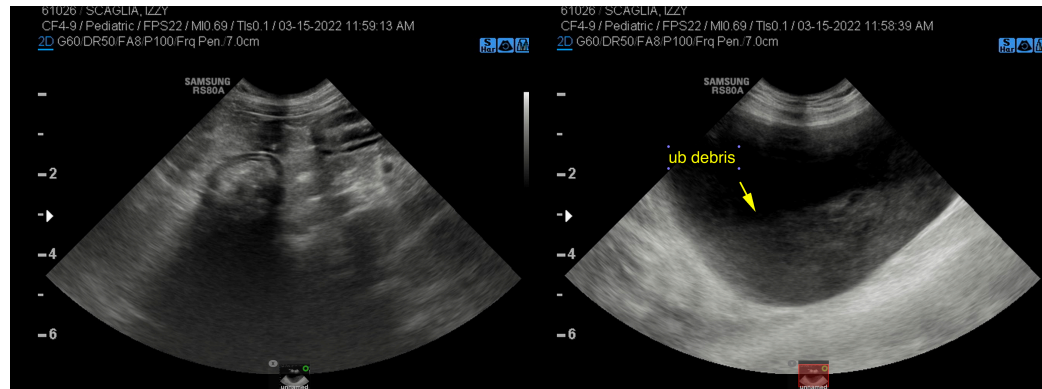
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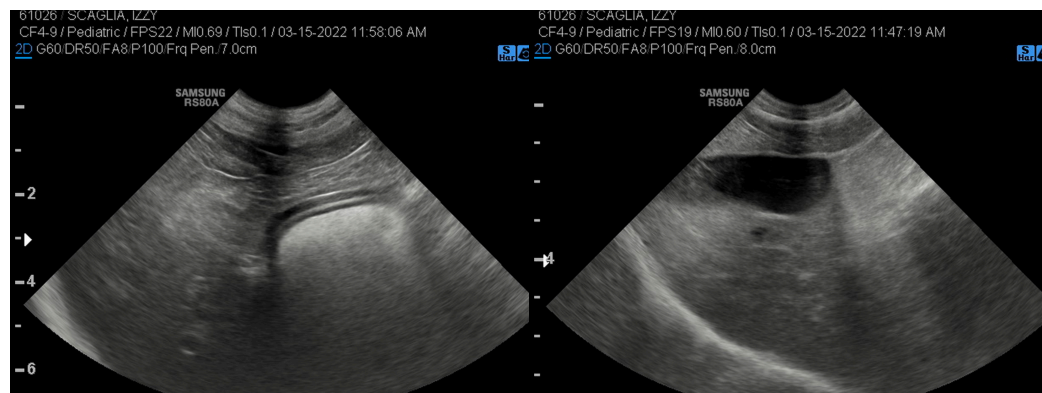
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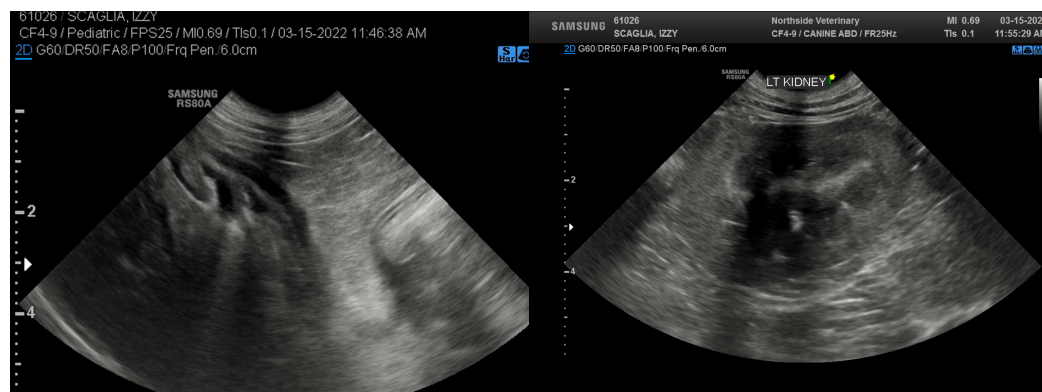
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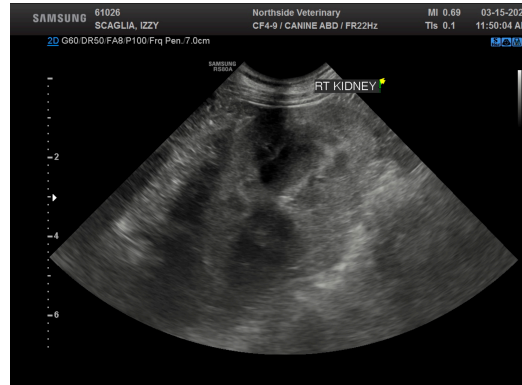
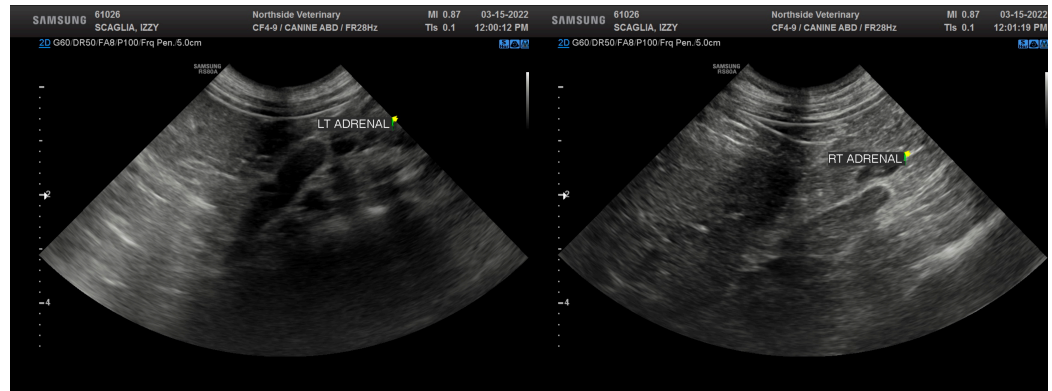
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

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